

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/586887

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		1		1		
7		1		1		
8		4		1		
9		4		1		
10		4		1		
11		①		1		
12		1		1		
13		1		1		
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15		1		1		
16		1		1		
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19		1		1		
20		1		1		
21		①		1		
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23		①		1		
24		①	1			
25		①		1		
26		①		1		
27		①		1		
28		①		1		
29		①		1		
30		①		1		
31	1		1			
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50						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	45	←	32	←		←
TOTAL CLAIMS	47		35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY